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539 applications, or 62.6 per cent of the total, they are believed by the tabulator to really account for only 348 applications, or 11.8 per cent. On the other hand, intemperance comes in as the real cause in 19.9 per cent; shiftlessness in 12.2 per cent of the applications; and in 14.6 per cent of the applications it was judged that there was no real need. It is very probable that these judgments are severe, but the result shows how frequently, at least, the personal character is a contributory cause of poverty."

The table relating to the character of the applicants shows that in nearly one-half of the cases the character of the men and women was said to be good. "This corresponds rather closely to the 53 per cent of the applications in the table where the real cause of distress is stated to be misfortune. It is curious to note that, while in Table 8 intemperance is credited with 19.9 per cent of the cases as the real cause of distress, in Table 9 it is put down as 17 per cent in regard to the character of man and woman. Shiftlessness figures as 12.2 per cent in one table and 14 per cent in the second. Considering that these tables were made independently of each other, and that the classification is on a different basis, the second table may be said to be confirmatory of the first and an evidence of the general correctness of the analysis." Tables are also given showing the treatment of the cases.

VITAL STATISTICS.

Medizinal-statistische Mittheilungen aus dem kaiserlichen Gesundheitsamte. Berlin, 1897.

In this article are compared and discussed primarily statistics of deaths and their principal causes at different age periods, (1) of Berlin, Paris, Vienna, and London, for the years 1891-93, and (2) of Prussia, Italy, and groups of the principal cities of France, for the years 1890-93. The statistics of births, still-births, and illegitimate births, and of the excess of births over deaths in these cities, groups of cities and states, are also given. But deaths and births according to sex are not considered.

The death rates in all but one of the age periods, after the first year of life, were less in Berlin and Prussia than in the other cities

or states with which they were respectively compared. The death rate of infants, however, under one year of age was greatest in Prussia and greater in Italy than in the cities of France. Deaths from tuberculosis, pneumonia, and other diseases of the respiratory organs, and certain contagious and infectious diseases, especially those peculiar to children, were less frequent in Berlin and London and most frequent in Paris and Vienna. At all the age periods for which the facts were given, the proportion of deaths from these and other malignant diseases was less in Prussia than in the cities of France, and in general less than in Italy.

The increase of population by excess of births over deaths was relatively greatest in Berlin, and by far least in Paris, and greater in Prussia than in Italy. In the 235 French cities having 10,000 inhabitants or more the deaths exceed the births, exclusive of still-births, by 10,641.

H. J. GERLING.

In 1896 a Swedish statistician, Mr. Gustav Sundbärg, argued before the Swedish Economic Congress that the crude death rate of a country, class, or period is the best single test of its civilization. In an article translated and published in a recent number of the *Journal of the Royal Statistical Society** Hr. Rubin, Director of the Danish Bureau of Statistics, criticises this position and seeks to show that to measure civilization the birth rate must be considered as well as the death rate. He admits that the latter is the more important criterion because the forces swelling the birth rate are instinctive, while those decreasing the death rate are rational and civilized, but thinks that the reproductive forces which find expression in the birth rate cannot be entirely omitted. To express this paramount importance of the death rate he introduces it into his formula in the form of its square, and claims that civilization may best be measured by the ratio of the square of the death rate to the birth rate $\frac{d^2}{b}$. The smaller this number, the higher the civilization. The application of this measure indicates that the Scandinavian countries and England are most civilized, and Austria-Hungary and Russia the least so, of the sixteen European countries included in his table; that Holland, owing to a rapid fall in her death rate, and a nearly stationary birth rate in the

* "A Measure of Civilization," lx: 148-161. (March, 1897.)

last half century, has rapidly become more civilized, and that England, owing to the sharp fall in her birth rate, and the much more gradual decline in her death rate of recent years, is moving backward. As an effort to measure the civilization of a country, class, or period, by including the entire population and not merely the upper and middle classes, the attempt is worthy of attention.

W. F. W.

Report Relating to the Registration of Births, Marriages, and Deaths in the Province of Ontario for 1896. Toronto, 1897, pp. 36, ccxviii.

This is the first report under the new registration act of 1896, which provides for a much more complete registration. Congratulations are expressed over the advance which has been made. This "seems most creditable to its social advancement, since it was the first of any state or province on the continent to pass such a law."

The division registrars are now entitled to receive from the municipality \$20 for each complete registration certified to by the registrar-general. The returns show an increase in number.

Twenty-eighth Annual Report Relating to the Registry and Return of Births, Marriages, and Deaths in Michigan for the Year 1894. Lansing, 1897. Pp. 338, 33.

It is announced that "(1) the data presented are those corresponding to the last State census year, 1894, and hence comparisons of the vital statistics with the population of the State are of special interest and value; the distinction of nationality has also been introduced in conformity with modern census methods to replace the very indefinite classification by general nativity; (2) that an extended table showing the comparative results obtained by the State registration system and the State census enumeration of vital statistics (Table 17, pages 34 to 66) is presented, by the help of which the actual results of registration in each county, township, city, and ward can be examined; (3) that a valuable collection of divorce statistics, showing the great present importance and growing prevalence of divorces in Michigan, was placed at the service of the Department, and appears in Part III of the Report, in connection with the discussion of marriages (pages 167 to 179)."

Forty-third Report Relating to the Registry and Return of Births, Marriages and Deaths, and of Divorce in Rhode Island for 1895. Prepared by Gardner P. Swarts, M.D., Providence, R. I. 1897. Pp. vi, 291.

The editor announces that new data have been obtained and incorporated in this report. The number of deaths are given by separate years under the age of five; the nativity of the deceased is now presented. The nosological arrangement of diseases has been changed and improved. An extended explanation of the reclassification of these diseases is found in Appendix A.

Sixth Biennial Report of the North Carolina Board of Health, 1895-96. Winston, 1897. Pp. 212.

Under the vital statistics it is reported that the total death rate for the whites was 14.1, and for the colored 24.5 per thousand. The largest number of deaths was from tuberculosis, the death rate from that disease alone being 1.67 for the whites and 4.47 for the colored people, the proportion being one white to 2.67 colored. While tuberculosis is much more prevalent among the negroes living in the towns, it is becoming more and more common in the country districts. In a former report it was stated that, contrary to the usually accepted opinion, the negro was less susceptible to malarial diseases than the white man. The reports showed the death rate from that disease to be two and a half to one, as against the negro. This fact has only been emphasized by the more accurate report for 1896, the proportion being 3.33 to one during that year. The negro appears to be much less susceptible to diphtheria than the white man.

In the *Bulletin of the United States Department of Labor*, No. 10, May, 1897, there is an exhaustive statistical article on the conditions of negroes in various cities (pp. 257-361). This is the result of an investigation planned originally to determine the causes of the excessive mortality among negroes, and also to discover whether the mortality was on the increase or decrease. A large number of persons took part in the investigation, and the work has been compiled under the direction of Mr. George C. Bradford, of Boston, one of the Trustees of the Tulane University.

This subject is also dealt with in the Tulane University publications, No. 2, on the *Social and Physical Conditions of Negroes in Cities*. Tulane, 1897, pp. 72, 14.

The unreliability of the vital statistics published by some of the local Boards of Health is well illustrated in the annual report of the Commissioner of Health of St. Paul for 1896. A table is published showing an estimated population for 1896 of 215,582, as compared with an estimated population of 140,292 in 1895. A death rate of 6.67 is thus evolved for 1896 as compared with 9.93 for 1895. We publish the table for the past six years as an interesting illustration of the inaccurate method followed in many cities:—

Years.	Estimated Population.	Total Number Deaths.	Death-Rate.
1891	150,000	1,769	11.79
1892	150,000	1,752	11.68
1893	155,000	1,585	10.22
1894	155,000	1 570	10.13
1895	140,292	1,629	9.93
1896	215,582	1,434	6.67

The Department of State, Michigan, has undertaken the publication of a monthly *Bulletin of Vital Statistics*, the first number appearing under date of September, 1897. The new registry law of that State went into effect August 29, 1897, and is operating, it is said, with success. Over 2,061,616 of the total population of the State is reported for use in the first bulletin, and the death rate based upon the September returns show an increase in accuracy of about fifty per cent as compared with the old system.

In the second number it is stated that the reporting population is 93.41 per cent of the possible reporting population. This indicates that the new work inaugurated in Michigan is progressing. A concrete illustration of the danger of making sweeping conclusions from death rates based upon a short period of time and a relatively small population for a base is seen in the data relating to the city of Marquette, Mich. It appears that in September, Marquette had a heavy mortality. The attention of the Mayor was called to this, and the fol-

lowing explanation is given : It appears that 10 out of the 24 deaths for that month were due to exceptional causes. For example, No. 8 was an infant from an outside village ; No. 10 was brought in from Wisconsin ; No. 16, a consumptive patient in the county poorhouse, was brought in from another township ; No. 18, a hospital patient, was brought in from outside the county ; No. 26, a person of advanced years, had lately removed there from another township ; Nos. 27 and 28 were accidental deaths.

The *Journal of the Royal Statistical Society* for March, 1897, contains an article of acute statistical analysis on *Local Death Rates in England and Wales, 1881 to 1890*, by Thomas A. Welton. The author attempts to establish as a fact that between the ages 5-45, and particularly between the ages 15-35, such an impression is made upon death rates by migration and by casual events that for the purpose of measuring the strength of the force operating for and against life the facts for those ages should be left out of account, and attention should be concentrated on statistics as to ages 0-5 and 45 upwards. In support of this it is found, for example, that while the mortality rate for the female sex in London during the age 0-5 is 113.5 per cent of the national rate the proportion falls by steps to 78.1 per cent at age 15-25, and rises afterwards to 108.3 per cent at age 45-55. In Birmingham there is a similar progressive fall and rise. In country statistics there is a rise in mortality from after 0-5 to 15-25, followed by a fall after age 25-35, though it rises somewhat after 55. The existence of asylums, hospitals, infirmaries, etc., tends to raise the death rate abnormally in certain cities. At Canterbury out of a total of 3700 deaths 592 were in the Kent and Canterbury Hospital, and at Maidstone 1646 out of 9427 were in a general hospital and lunatic asylum.

PHYSICAL AND MENTAL CONDITION OF SCHOOL CHILDREN IN LONDON.

Report on the scientific study of the mental and physical condition of childhood. With particular reference to children of defective constitution ; and with recommendation as to education and training.